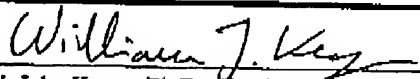
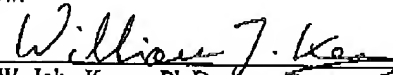


| | | |
|---|------------------------|-------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/009,021 |
| | Filing Date | March 19, 2002 |
| | First Named Inventor | Tadashi Ishibashi |
| | Group Art Unit | 1774 |
| | Examiner Name | Camie S. Thompson |
| | Attorney Docket Number | 09793822-0158 |
| Total Number of Pages in This Submission | | 2 |

| ENCLOSURES (check all that apply) | | | | | | |
|--|---|---|--|---|--|--------------------------|
| <input checked="" type="checkbox"/> Transmitted herewith is Restriction Response <input type="checkbox"/> The fee has been calculated as shown below: | | | | | | |
| | (2) CLAIMS REMAINING AFTER AMENDMENT | | (4) HIGHEST NO. PREVIOUSLY PAID FOR | (5) PRESENT EXTRA | (6) RATE | (7) ADDITIONAL FEE |
| TOTAL CLAIMS | 20 (+35 extra) | - | 20 (+35 extra) | 0 | <input type="checkbox"/> x \$9.00 <input type="checkbox"/> x \$18.00 | \$0 |
| INDEPENDENT CLAIMS | 3 (+3 extra) | - | 3 (+3 extra) | 0 | <input type="checkbox"/> x \$42.00 <input checked="" type="checkbox"/> x \$86.00 | \$0 |
| APPLICATION AMENDED TO CONTAIN ANY MULTIPLE DEPENDENT CLAIMS NOT PREVIOUSLY PAID FOR | | | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | <input type="checkbox"/> x \$140.00 <input type="checkbox"/> x \$280.00 ONE TIME | \$0 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$0 | |
| <input type="checkbox"/> Applicant petitions the Commissioner for Patents to extend the time for responding to the Office Action dated _____ by _____ month(s) for a fee of \$ _____ so that the period for response is extended to _____ under 37 C.F.R. § 1.321. <input type="checkbox"/> The amount of \$ _____ for the Terminal Disclaimer under 37 C.F.R. § 1.321 is included in the enclosed check. <input type="checkbox"/> The amount of \$ _____ for the Amendment under 37 C.F.R. § 1.312(b) is included in the enclosed check. <input type="checkbox"/> The enclosed credit card payment form to charge the amount of \$ _____ covers the extension fee. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to Account No. 19-3140. A duplicate of this sheet is enclosed. | | | | | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|---|---|
| 14. <input checked="" type="checkbox"/> Customer No. 26263 Dated: February 2, 2004 |  W. John Keyes, Ph.D., (Registration No. 54,218) |

| CERTIFICATE OF MAILING | |
|---|--|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop: Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date indicated below. | |
| Dated: February 2, 2004 |  W. John Keyes, Ph.D. |